

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO.:			
ATTORNEY FOR (Name):			
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:			
PLAINTIFF:			
DEFENDANT:			
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

2. Name and address of employee

Social Security Number (if known):

3. The Notice of Filing Claim of Exemption states it was mailed on
(date):

4. The earnings claimed as exempt are

a. ☐ not exempt.

b. ☐ partially exempt. The amount not exempt per month is
\$

5. The judgment creditor opposes the claim of exemption because

a. ☐ the judgment was for the following common necessities of life (specify):

b. ☐ the following expenses of the debtor are not necessary for the support of the debtor or the debtor's family (specify):

c. ☐ other (specify):

6. ☐ The judgment creditor will accept \$ _____ per pay period for payment on account of this debt.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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